Title: Trails and technology: Social and cultural geographies of abortion access

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Abstract:

Abortion is at once a routine medical procedure and the subject of intense controversy and unique criminal regulation. This provocation offers an account of the spatiality of abortion access and makes the argument that abortion implicates a range of social and cultural geography debates but has been generally overlooked in this field. It draws on two dominant forms of abortion mobilities to theorize a research agenda for geographies of abortion: the first section addresses abortion travel and its relational, embodied, and affective dimensions. The second section highlights the transformative impact of mobile medication abortion technology upon access and draws parallels between earlier debates on reproductive technology, medical control, and feminist cross-border resistance. The piece concludes by outlining productive research pathways for geographers with interests in gender, race, sexuality, and reproduction.

Keywords: Abortion, Mobilities, Reproductive Rights, Chile, Ireland

Introduction

Abortion is a routine medical procedure: global abortion figures indicate that women are statistically likely to have one abortion each during their reproductive years (Guttmacher, 2018, p.8). Yet the issue is shrouded in silence and beset by persistent social stigma (Sanger, 2017). This is a silence that is reproduced in geographical scholarship: abortion receives very little detailed attention in geography and appears in geographical work most often as a characteristic example of a divisive 'social' issue like same-sex marriage or the rights of transgender people. Given the ways in which abortion intersects with issues around gender, class, race, and health, this lack of attention suggests new research directions for social and cultural geography work. From a feminist perspective, scholarly work that sustains the silence around abortion is clearly problematic because it replicates an artificial distinction between 'public' issues for collective consideration and 'private' embodied experiences. Moreover, it tacitly maintains the social stigmatization of abortion that hides its prevalence, forgetting feminist geographers' call to engage with the "messy fleshy stuff of everyday life" (Katz, 2001, p. 711).

Abortion is a relevant issue for geographers, not least because its access is so often bound up with mobility and spatiality. It also speaks to geographies of intimacy and corporeality that feminist geographers have established. The body has been centred as an important scale of analysis through taking seriously interior bodily surfaces such as the placenta and stem cells (Colls & Fannin, 2013; Fannin, 2013). This work has also grounded embodiment, affect, and emotion in reproduction as a legitimate site of geographical inquiry, as in Boyer's (2018) work on breastfeeding, McKinnon's (2016) work on childbirth and Longhurst's (1994) work on pregnancy. Despite this rich body of work, abortion remains noticeably absent. Our aim in this provocation is to demonstrate how strategies of abortion access depend on the relationship

between embodiment, mobility, and technology. Social and cultural geography can contribute to the study of abortion geographies by illuminating the place-based practices that give abortion its social and political significance. In section one, we show that abortion access often depends upon the social institution of the 'abortion trail' which implicates a range of affective and embodied issues. In section two, we show that abortion access is changing through medication abortion pills just as medical technologies of reproduction have historically shaped ideas about pregnancy and abortion in place-specific ways.

Abortion trails

Abortion access is a geographical issue: it very often requires travel, particularly when there is a gap between the type of healthcare that a person needs and the healthcare that is available to them. We therefore see pregnant people being forced to travel between jurisdictions, whether across international, state, or regional borders, in search of abortions that are safe, legal, and/or more accessible. Abortion-travel can be necessary regardless of the legal context in which people live. For decades, Ireland's abortion ban meant that Irish women relied on medical services in England for abortion access: more than 170,000 Irish women are estimated to have travelled abroad for abortion since 1980 (IFPA, 2018). However, abortion travel is often vital for people in states with less restrictive laws as well. The second-largest group of non-resident patients in British abortion clinics come from Italy, where early abortion is technically legal but where some regions have so few doctors willing to perform abortions that they refer women abroad (de Zordo et al., 2016). Similarly, twenty-seven American cities have been recently

identified as “abortion deserts” where women must travel 100 miles or more to reach their nearest abortion clinic (Cartwright et al., 2018).

While geographers have begun to theorize the political obstacles to travel (Side, 2016, Gilmartin and Kennedy, 2018), there has not yet been research into the embodied experiences of abortion travel. Such work on travel has examined the embodied experiences and affective dimensions of medical travel (Ormond, 2015; Solomon, 2011) but the literature on abortion travel has been highly critical of efforts to conceptualize it as a form of medical tourism (Gilmartin and White, 2011). Geographical enquiry into abortion travel can offer a more nuanced account. Bissell’s (2010) work on the ‘affective atmospheres’ of public transport focuses on collective experiences as affect as a relational idea, and it goes beyond individual bodies to consider relationships between multiple bodies, actors, and objects. Yet with abortion travel being an overwhelmingly solitary and covert act, can we conceptualize an affective atmosphere of abortion travel? A focus on emotion might better centre the individual and embodied experiences of pregnant people undertaking abortion journeys. In this way, personal emotions of anticipation, fear, and relief could come to the fore and emphasise how pregnant people interpret and make sense of their own abortion travel.

Abortion travel is not comprised of many individual women making separate journeys: it is a social institution defined by differential mobilities and social practices that facilitate the movement of women for whom travel would otherwise be impossible. The embodied and affective dimensions of this process are evident on the Chile-Peru abortion trail. Since 1989, abortion in Chile has been almost completely banned; abortion is also illegal in Peru, but it is easier to access clandestine abortion there. Due to the isolation created by the Andes, mobility across Chile’s borders is highly difficult for those without resources for air travel and there is

only one part of Chile where it is possible to travel abroad easily, cheaply, and quickly without air travel: Arica in the far North (Freeman, 2017). From here it is possible to travel to Peru, particularly the city of Tacna, and an abortion trail has emerged. The abortion trail can be a "banal" or "mundane" route that is made exceptional by the reasons for which it is travelled (Binnie et al., 2007). The Arica-Tacna route, for example, is very commonly travelled for employment or leisure but this banality is altered when a woman travels this same route in search of an illegal abortion. Mobility is relational (Adey, 2006) and a bus ride that may be mundane for one person will be extraordinary for the person on the seat beside them. The Chile-Peru abortion trail is emancipatory in that it does provide the opportunity for affordable reproductive healthcare but traveling to Peru for abortions is certainly not risk-free and comes with emotional politics of fear. As Freeman (2017) has shown, Peruvian clinics are perceived by Chilean healthcare professionals as "scary places" and women who travel there for an abortion experience fear of these clinics. Social and cultural geography is well-placed to bring together travel and mobility with lived experience and emotion. Extending the aforementioned scholarship on travel to encompass the spatiality of abortion has rich potential for geography.

However, the abortion trail is constituted by more than the mobility of bodies. The *immobility* of other people and infrastructure that facilitate movement is also crucial (Adey, 2006). The Chile-Peru abortion trail has come into being not just through the travel of women seeking abortions but through the social practices that make this possible (see also Rossiter, 2009). It is here where the geography of affect emerges. While emotion may better theorize individual, embodied experiences of abortion travel, affect helps us understand how these bodies come together with other actors on the trail. To this end, literature on 'affective fields' could productively illuminate this dynamic by emphasizing the 'lively interaction' between "people, buildings, technologies and various forms of non-human life in particular geographical

settings" (Conradson and Latham, 2007, p. 238.). Clinics, medical practitioners, and organizations act as 'nodes' along the trail, fixed stations that make the healthcare accessible. These nodes offer practical but also emotional support as activists who facilitate travel on the abortion trail can help to "de-stranger" the experience of traveling abroad for an abortion (Fletcher, 2016). In Chile, informal networks of women share information about trustworthy clinics in Peru, and which clinics should be avoided, while friends and family provide the financial resources and company necessary to make the trip across the border possible (Freeman, 2017). Through practices of care and efforts to demystify a foreign healthcare system, the unfamiliar space of abortion travel can become more knowable and manageable. These emotional relationships are personal and conscious, but they become part of an 'affective field' once other infrastructure is taken into account. The mobility of women who travel the abortion trail is only possible due to the immobility of the infrastructures that constitute it.

Abortion technologies

In places where laws or medical cultures are highly restrictive, abortion access depends on different forms and practices of mobility: abortion-travel by women seeking abortions across borders and the movement of technologies and information for women who cannot travel but live in anti-abortion states or regions. The growing availability of telemedicine technology and medication abortion pills is changing patterns of abortion access as well as the social meanings associated with abortion. The impact of abortion mobilities on the social practices associated with it is evident in Ireland, which voted by referendum to repeal its constitutional abortion ban in May 2018. The Irish pro-life movement's insistence on the myth of "abortion-free"

Ireland has historically co-existed uneasily with a steady out-flow of abortion-seekers (Rossiter, 2009; Calkin, 2018). Since the mid-2000s the outflow of abortion seekers has been matched with an inflow of illegal abortion pills. At its height in 2001, the Ireland-England 'abortion corridor' saw eighteen women per day; as of 2017, that number is closer to nine women per day (IFPA, 2018). The near 50% drop in abortion-seekers travelling abroad from Ireland is matched by a steep increase in the number of women who have been able to obtain abortion pills inside Ireland (Sheldon, 2016). Women in Ireland have developed strategies to resist abortion restrictions through travel or self-managed abortions with pills, turning to the latter especially because many women are prevented from travelling by lack of financial resources, social pressure and stigma, or their refugee/ asylum seeker status that forbids them from international travel (Gilmartin and Kennedy, 2018; Side, 2016). Although the proposed legislation for abortion in Ireland will grant access for the majority of cases, it maintains substantial restrictions in place, making it likely that a number of women will still be travel abroad for abortions (Enright and de Londras, 2018). As such, strategies for abortion access will continue to depend on diverse forms of mobility and obstacles that inhibit mobility.

Strategies of abortion access outside of the clinic, such as self-managed abortion with pills, have drawn controversy because they deviate from the established models of medical control over abortion. Medical control over pregnancy has undoubtedly had health benefits for women, but it has also contributed to the social understanding of pregnancy, childbirth, and abortion as medical events outside of women's control and over which a doctor should exert final decision-making power (Reagan, 1997; MacKinnon, 2016). Geographers have taken maternity care and childbirth as a site to explore the forces of medicalization, commercialization, and feminist practices of care (Dombroski et al., 2016). Against the logic of medical control, the women's health movement has a long history of developing feminist spaces where women could exert

greater control over their reproductive health including developing practices of 'menstrual regulation' where women could end very early pregnancies themselves outside of a clinic setting (Murphy, 2012; Kline, 2010). Access to self-managed abortion with pills allows women in states with highly restrictive laws to end pregnancies without travelling, but it also allows women to exert more control over their decision to end a pregnancy: research shows that women turn to self-managed abortion because they value privacy, seek to avoid anti-abortion stigma, or have prior negative experiences in the formal healthcare system (Aiken et al., 2017). In this sense, abortion pills have a function beyond their physical impact: they change the social meanings around crisis pregnancy and abortion, in much the same way that technologies associated with pregnancy have changed the cultural meaning of reproduction. A rich socio-cultural literature has explored the effect of ultrasound and visualizing technologies on understandings and experiences of pregnancy, with special significance for geographers in its illustration of place-based variation in meanings attached to pregnancy and abortion (Lupton, 2013; Dubow, 2010). Medication abortion pills are similarly changing the practices of pregnancy termination, although the social and cultural impact of this shift remains under-researched.

The transformative impact of technology on the corporeal and cultural significance of pregnancy termination also challenges us to explore the relationship between abortion and the "materials on the move" that transform social practices (Sheller and Urry, 2006). In abortion access, mobility as a resistance strategy has been employed by activists across the world who assist abortion-seekers with cross-border travel and, more subversively, move abortion pills across borders and into ambiguous legal spaces to contest restrictive laws. Women on Waves, a Dutch NGO who operate a mobile abortion clinic in international waters, provide one such example of this strategy: at sea, their clinic falls under the laws of the Netherlands, so they can

provide abortion pills just outside the coastal waters of states with highly restrictive laws (Gomperts, 2002). Women on Waves has also used drones and robots to move medication abortion pills across the Ireland-Northern Ireland border, staging public violations of the law to attract media attention, as have Irish feminist groups who staged an 'Abortion Pill Train' in which they collected medication abortion pills from Belfast and publicly consumed them in a Dublin train station (Women on Waves, 2016; Enright, 2014). Across Latin America, safe abortion hotlines allow women to access illegal information and care by internet or phone, where they can get assistance in obtaining and safely using medication abortion (Drovetta, 2015). These forms of protest use mobility and communications technologies to highlight the fictive nature of state control over reproduction by circulating abortion pills, but they also make claims to bodily autonomy on behalf of women who reject the prevailing medical and political norms around abortion access. They alert us to a new area of geographical interest around the mobility of bodies, medication, and information on abortion that is re-orienting women's access to reproductive healthcare and developing emergent cross-border networks to offer new modes of abortion access; changing patterns of access in this regard have the potential to transform the stigmatized cultural position of abortion.

Conclusion and research agenda

In this provocation, we have argued that abortion presents an essential, but under-researched, site of geographical interest. In the concluding remarks, we outline a research agenda that

might inform research across geographical sub-disciplines and inform debates that cut across disciplinary divisions.

- How can geographers engage with the fleshy materiality of bodies while also embedding this within wider social, cultural, and political processes? Abortion travel is situated in places and abortion trails build up in highly specific contexts, but commonalities appear across these trails, not least in the strategies adopted by activists to facilitate travel. Work in this area could map the practices that constitute the abortion trail and investigate the embodied and affective journeys of abortion-travellers therein.
- How are social and cultural geographers leading work to understand the diversity of bodies in relation to reproductivity to better account for the diversity of gender experiences among pregnant people? Research on abortion often uneasily navigates the tensions of gender diversity and fluidity. Restrictions on abortion access are widely understood as gender-based discrimination against women, but not all pregnant people self-identify as women. Moreover, trans and non-binary pregnant people often face the greatest vulnerability in accessing reproductive care. Geographers should do more to account for the intersection of gender with other axes of inequality including sexuality, class, ability, and race in abortion access.
- How can we understand the everyday economies of abortion access? Geographers and other social scientists have developed a rich body of work on the commodification of reproduction (as in commercial surrogacy) and the trans-national economy of fertility technologies (such as 'medical tourism' for IVF). Where does abortion access and abortion travel sit within this reproductive economy and how

might access through new abortion technologies be commodified by commercial interests?

- What does it mean to study emotion and affect through private, highly personal, and often illegal acts such as clandestine abortion? The methodological challenges in this field of study are numerous. Women who access abortion often do so in contexts where they are frequently criminalized, burdened by shame, threatened by violence, and exposed to health risk. How can we study this issue without exploiting and/ or endangering these women, and how can we research clandestine abortion networks without exposing them to legal scrutiny? Research in this area calls for careful reflection on the role of scholars as activists, advocates, and privileged insider-outsiders.

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